

Kimberlie DAVIS Assembly 34
Candidate's Name (print) Office District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK IF LOAN	CHECK IF IN KIND
NONE				

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34

District (if applicable)

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Kimberlie Davis Assembly 34
 Candidate's Name (print) Office District (if applicable)

Expenses Categories

EXPENSE CATEGORIES	CODE	TOTALS
Office expenses	A	0
Expenses related to volunteers	B	0
Expenses related to travel	C	0
Expenses related to advertising	D	0
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	H	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	0

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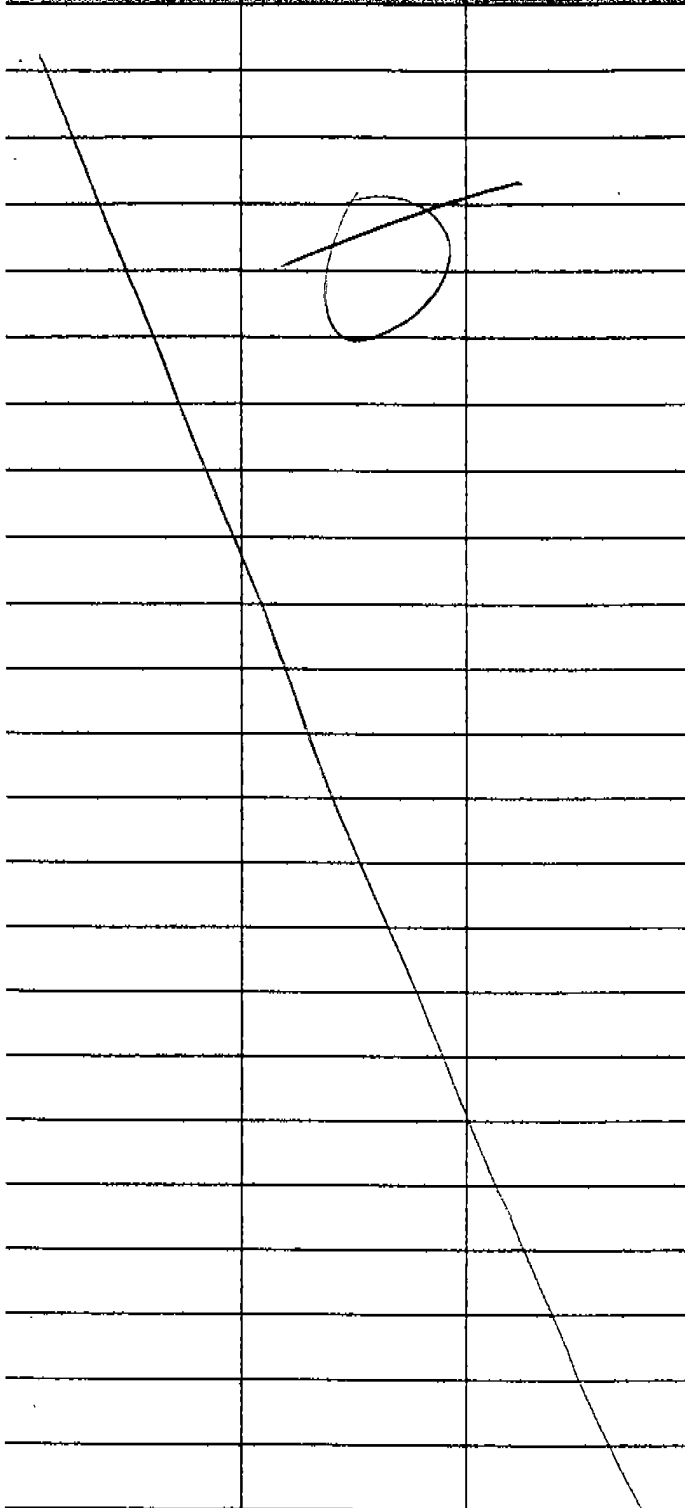
Expenses in Excess of \$100

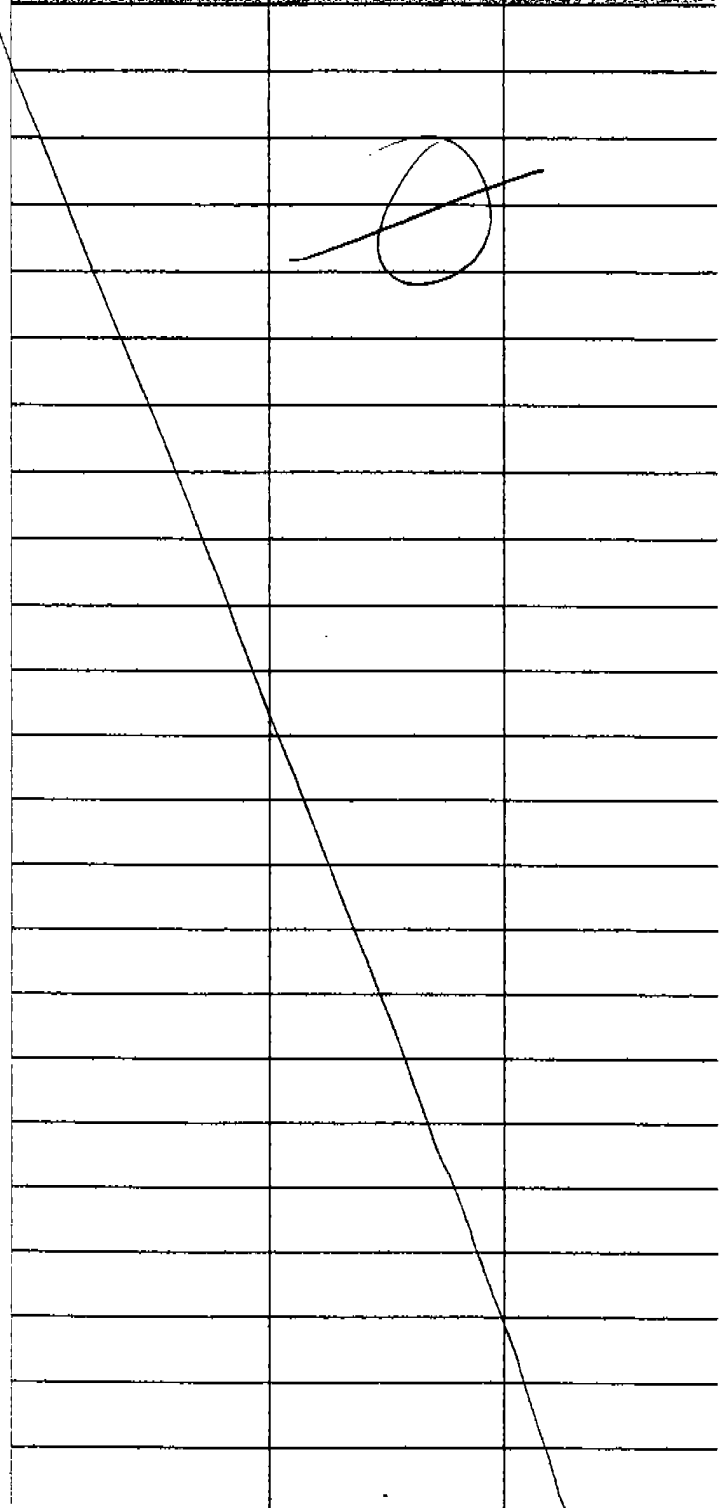
NAME AND ADDRESS OF PERSON OR GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE	CATEGORY (DATE)	AMOUNT(S) OF EACH EXPENSE

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Kimberlie Davis Assembly 34
Candidate's Name (print) Office District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
		

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
		

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